

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT	09/424482
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1		1		51	
2		1		1		1	52	
3		1		1		1	53	
4		1		1		1	54	
5		1		1		1	55	
6		1		1		1	56	
7		1		1		1	57	
8		1		1		1	58	
9		1		1		1	59	
10		1		1		1	60	
11		1		1		1	61	
12		1		1		1	62	
13		1		1		1	63	
14		1		1		1	64	
15		1		1		1	65	
16		1		1		1	66	
17		1		1		1	67	
18		1		1		1	68	
19	1		1				69	
20		1		1		1	70	
21		1		1		1	71	
22		1		1		1	72	
23		1		1		1	73	
24		1		1		1	74	
25		1		1		1	75	
26		1		1		1	76	
27		1		1		1	77	
28		1		1		1	78	
29							79	
30							80	
31							81	
32							82	
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42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	24		24		1		TOTAL IND.	
TOTAL DEP.		24		24		5	TOTAL DEP.	
TOTAL CLAIMS	24		24		6		TOTAL CLAIMS	

PTO-1306 (1-77)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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